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TRANSMITTAL **FORM**

(to be used for all correspondence after initial filing)

09/591,147 **Application Number** June 9, 2000 **Filing Date** Carol Ann Trufant **First Named Inventor** 3725 Group Art Unit **Dmitry Suhol Examiner Name** 109-000100US Attorney Docket Number

Total Number of Pages In This Subin	Attorney Docket Number					
ENCLOSURES (check all that apply)						
X Fee Transmittal Form	Assignment Papers (for an Application)	After Allowance Communication to Group				
Fee Attached	Drawing(s)	Appeal Communication to Board of Appeals and Interferences				
X Amendment / Response	Licensing-related Papers	Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)				
X After Final	Petition Routing Slip (PTO/SB/69) and Accompanying Petition	Proprietary Information				
Affidavits/declaration(s)	Petition to Convert to a Provisional Application	Status Letter				
X Extension of Time Request	Power of Attorney, Revocation Change of Correspondence Address	Additional Enclosure(s) (please identify below):				
Express Abandonment Request	Terminal Disclaimer	receipt acknowledgment postcard				
	Small Entity Statement					
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Document(s)	Please charge Deposit Account No. 50-0893 this paper or during the pendency of this appli	cation, including any extensions of time				
Response to Missing Parts/ Incomplete Application	for consideration of the documents enclosed.					
	Remarks					
Response to Missing Parts under 37 CFR						
1.52 or 1.53						
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT						
Firm or Individual name	, Reg. No. 48,581, Quine Intellectual I	Property Law Group, P.C.				
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•	Тур	oed	or	prir	nted	na	me

Evelyn Gomez

Signature

Date

PTO/SB/17 (12-04v2)
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Effective on 12/08/2004. Suant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Know n		
		Application Number	09/591,147	
FEE TRAN	ISMILIAL	Filing Date	June 9, 2000	
For FY	2005	First Named Inventor	Carol Ann Trufant	
	E		Dmitry Suhol	
Applicant claims small entity s	tatus. See 37 CFR 1.27	Art Unit	3725	
TOTAL AMOUNT OF PAYMENT	(\$) 310.00	Attorney Docket No.	109-000100US	
METHOD OF PAYMENT (chec	ck all that apply)			

Check	TOTAL AMOUNT OF PAYMEN	11 (\$)	310.00	Attorney Docke	l No.	109-0	000100US
Deposit Account Deposit Account, the Director is hereby authorized to 2 (check all that apply)	METHOD OF PAYMENT (c	check all that	apply)				
For the above identified deposit account, the Director is hereby authorized to : (check all that apply) Charge fee(s) indicated below	Check Credit Card Money Order None X Other (please identify): Deposit Account						
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filting fee X Charge any additional tea(s) or underpayments of fee(s) X Credit any overpayments WARNING: Information on this form may become subtic. Credit card information should not be included on this form. Provide credit card information and authorization for PTO-2018. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES FILING FEES SEARCH FEES SEARCH FEES Small Entity Fee (S) Plant 200 100 100 50 130 65 Plant 200 100 300 150 160 80 Reissue 300 150 500 250 600 300 Provisional 200 100 0 0 0 0 0 0 2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claims Total Claims Fee (S) F							al Property Law Group, P.C.
Charge any additional fee(s) or underpayments of fee(s)	For the above identified	deposit accour	it, the Director is her	eby authorized to	; (check all t	hat apply)	
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SUBMITTED BY		, /	7			
Signature	Mill	Allis	1	Registration No. (Attorney/Agent)	48,581	Telephone
Name (Print/Type)	110000	Pagai	Littlepage			Date January 5, 2006